

ELESS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE				
						08/91381T					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5	/						55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13	/						63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.		↓	↓	↓	↓		TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS	13						TOTAL CLAIMS				

BEST AVAILABLE COPY